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PART B - FEE(S) TRANSMITTAL

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HENRY M FEIEREISEN
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Henry M. Feiereisen

(Depositor's name)

(Signature)

July 16, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/890,195	08/06/2001	Karl-Friedrich Diener	DIENER,	9304

TITLE OF INVENTION: ELECTROMOTIVE DRIVE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	07/23/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, DANG D	2834	310-105000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

HENRY M. FEIEREISEN

D Change of correspondence address (or Change of Correspondence Address form PTO/SB/12 attached).

2. _____
3. _____

Q "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02, or more recent) attached. Use of a Customer Number is required.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Siemens Aktiengesellschaft

München, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

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 Issuc Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _____ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0502 (enclose an extra copy of this form).

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